

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3	/						53	/					
4		/					54	/					
5							55	/					
6	/						56	/					
7		/					57	/					
8		/					58	/					
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11							61	/					
12							62						
13							63						
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18							68						
19	/						69						
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33	/						83						
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35	/						85						
36	/						86						
37	/						87						
38		/					88						
39		/					89						
40		/					90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	X						98						
49	/						99						
50	/						100						
TOTAL IND.							TOTAL IND.	39					
TOTAL DEP.							TOTAL DEP.	22					
TOTAL CLAIMS							TOTAL CLAIMS	61					